

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary

For Ecology Use
Fee Paid
Date

Section 1. APPLICANT - PERSON, ORGA	NIZATION, OR WATER SYSTEM
Name	Home Tel:()
Mailing Address	Work Tel:()
City State Zip+4	
Section 2. CONTACT - PERSON TO CALI	L ABOUT THE APPLICATION
Name	Home Tel:()
Mailing Address	Work Tel:()
City State Zip+4	+FAX:()
Relationship to applicant	
DESCRIPTION OF THE PLACE OF USE. (See instruct sufficient. Estimate a maximum annual quantity to be used in acre-feet purposed for a short-term programment of the following proposed for a short-term programment of the following programment o	per year: ject. Indicate the period of time that the water will be needed
Section 4. WATER SOURCE	
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for well(s).
Number of diversions:	
Source flows into (name of body of water):	1

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Appl. No.:

LOCAT	ION							
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
1/4 of	1/4 of	Section	Township	Range(E/W)	W) County			e is platted, complete low:
						Lot	Block	Subdivision
For Ecology	Use Date Re	eceived:		Priority	Date:			
SEPA: Exer	mpt/Not Exempt				Dept. Of Health #			
Date Accep	ted As Complete		By	Date R	eturned	By	WRI	A:
G	- CENT	3D A F 337	A TED CY					
Section	n 5. GENI	CRAL WA	ATER SY	STEM INI	FORMATION			
A. N	ame of system	, if named: _						
B. B	riefly describe	your propos	sed water sys	stem. (See inst	tructions.)			
					ted with this propert	y or syste	em?	□ YES □ NO
P1	ROVIDE DOC	CUMENTAT	TION.					
					UPPLY SYSTE	EM INI	FORMA	ATION
, -			_	upply uses.				
A. N	umber of "con	nections" re	quested:	Туре	of connection	Homes, A	Apartment,	Recreational, etc.)
A. Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.) B. Are you within the area of an approved water system? □ YES □ NO If yes, explain why you are unable to connect to the system. <i>Note: Regional water systems are identified by your County Health Department</i> .								
Complete C. and D. only if the proposed water system will have fifteen or more connections.								
	-		-	approved by t	he			
	Vashington Sta yes, when wa				se attach the current	approved	l version o	☐ YES ☐ NO of your plan.

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D.	Do you have an approved conservation plan? If yes, when was it approved?	_ Please attach the current approved version of y	□ YES our plan.	□ NO	
	tion 7. IRRIGATION/AGRICULTU mplete for all irrigation and agricultu				
A.	Total number of acres to be irrigated:	-			
B.	List total number of acres for other specified agricultural uses:				
	Use Acre Use Acre Use Acre	es es es			
C.	Total number of acres to be covered by this app	lication:			
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).				
	 Is the combined acreage greater than 60 Do you have a controlling interest in a I If yes, enter permit no: 		□ YES □ YES □		
E.	Farm uses: Stockwater - Total # of animals Dairy - # Milking # Non-milking	Animal type (If dairy cattle, see	e below)		
	Section 8. WATER STORAGE				
Will y	ou be using a dam, dike, or other structure to retain	n or store water?	□ YES	□NO	
some p	If you will be storing 10 acre-feet or more of water an ortion of the storage will be above grade, you must also attack the Department of Ecology.			t, and	
Sec	tion 9. DRIVING DIRECTIONS				
Provid	le detailed driving instructions to the project site.				

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Section 10. REQUIRED MAP

A.	Attach a map of the project.	(See instructions.)	
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Sec	tion 11. PROPERTY OWNERSHIP	
A.	Does the applicant own the land on which the water will be used in the applicant's interest in the place of use and place of use use and place of use and place of use and place of use and place	
В.	Does the applicant own the land on which the water source is If no, submit a copy of agreement:	s located? YES NO
to pro moni	ify that the information above is true and accurate to the bocess my application, I grant staff from the Department of I toring purposes. Even though I may have been assisted in toyees of the Department of Ecology, all responsibility for the	Ecology access to the site for inspection and the preparation of the above application by the
Appli	cant (or authorized representative)	Date
Lando	owner for place of use (if same as applicant, write "same")	Date

We are returning your application for the following reas	son(s):		
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128	
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE	
Explanation:			
Please provide the additional information requested above and return your application by (date).			
Ecology staff	Date	·	
Ecology is an Equal Opportunity and Affirmative Action employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).			

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

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